

Fill in this information to identify the case:

Debtor name **Magee Benevolent Association**
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF MISSISSIPPI**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Broadway Linen 548 N Broadway Greenville, MS 38701 | | | | | | \$17,779.51 |
| Cardinal Health Medica P. O. Box 730112 Dallas, TX 75373 | | | | | | \$27,104.68 |
| Erx 9742 Kingston Pike Suite 1300 Knoxville, TN 37922 | | | | | | \$74,836.00 |
| Evident 6600 Wall Street Mobile, AL 36695 | | | | | | \$27,604.50 |
| GE P.O. Box 96483 Chicago, IL 60693 | | | | | | \$41,439.09 |
| GlaxoSmithKline P.O. Box 740415 Atlanta, GA 30374 | | | | | | \$19,054.38 |
| Heartsounds 5601 Hwy 84 W Laurel, MS 39443 | | | | | | \$18,025.00 |
| Horne P.O. Box 740209 Dept #40263 Atlanta, GA 30374 | | | | | | \$53,563.30 |
| Keystone Crescent Center Memphis, TN 38119 | | | | | | \$400,723.23 |
| McKesson P.O. Box 660266 Dallas, TX 75266 | | | | | | \$77,796.31 |

Debtor **Magee Benevolent Association**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Medical Surgical Clini 360 Simpson Hwy 49 Magee, MS 39111 | | | | | | \$24,777.96 |
| MHA Hospital Assessmen P.O. Box 1909 Madison, MS 39130 | | | | | | \$40,051.00 |
| MHA Solutions P.O. Box 1909 Madison, MS 39130 | | | | | | \$20,666.13 |
| Phillips P.O. Box 100355 Atlanta, GA 30384 | | | | | | \$35,386.00 |
| Pruitt LOC 360 Simpson Hwy 49 Magee, MS 39111 | | | | | | \$754,287.57 |
| Southern Anesthesia 135 Pearce Road P.O. Box 6 Mount Olive, MS 39119 | | | | | | \$18,000.00 |
| Southern Fire Sprinkle 77 Richburg Road Purvis, MS 39475 | | | | | | \$54,550.00 |
| Sysco 1390 Enclave Parkway Houston, TX 77077 | | | | | | \$17,643.65 |
| UMC Telehealth 2500 North State St Jackson, MS 39216 | | | | | | \$16,040.00 |
| Wise Carter P.O. Box 651 Jackson, MS 39205 | | | | | | \$15,233.27 |